

FOR UTILITY/DESIGN
CIP/PCT NATIONAL/PLANT
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL
DECLARATIONS

RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PW
FORM

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED LITHOGRAPHIC APPARATUS

the specification of which (CHECK applicable BOX(ES))
X A. ☐ is attached hereto.
BOX(ES) → B. ☒ was filed on January 14, 2002 as U.S. Application No. 10/043,271
→ C. ☐ was filed as PCT International Application No. PCT/ / On
and (if applicable to U.S. or PCT application) was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. Except as noted below, I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International Application which designated at least one other country than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International Application, filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

| PRIOR FOREIGN APPLICATION(S) | Date first Laid-open or Published | Date Patented or Granted | Priority NOT Claimed |
|------------------------------|-----------------------------------|--------------------------|----------------------|
| Number | Country | Day/MONTH/Year Filed | |
| 01300302.5 | EUROPE | 15 JANUARY 2001 | |

If more prior foreign applications, X box at bottom and continue on attached page.

Except as noted below, I hereby claim domestic priority benefit under 35 U.S.C. 119(e) or 120 and/or 365(c) of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

| PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S) | Status | Priority NOT Claimed |
|--|----------------------|------------------------------|
| Application No. (series code/serial no.) | Day/MONTH/Year Filed | pending, abandoned, patented |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Winthrop LLP, Intellectual Property Group, telephone number (703) 905-2000 (to whom all communications are to be directed), and persons of that firm who are associated with USPTO Customer No. 909 (see below label) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete from that Customer No. names of persons no longer with their firm, to add new persons of their Firm to that Customer No., and to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct the above Firm and/or an attorney of that Firm in writing to the contrary.

USE ONLY FOR
PILLSBURY WINTHROP



00909

(1) INVENTOR'S SIGNATURE:

Date: April 5 2002

| | | |
|--------------------|--|------------------------|
| Name | Cheng-Qun | GUI |
| First | Middle Name(s) | Family Name |
| Residence | Best | The Netherlands |
| City | State/Foreign Country | Country of Citizenship |
| Mailing Address | Klimheuvcl 6, NL-5685 AZ Best, The Netherlands | |
| (include Zip Code) | | |

(2) INVENTOR'S SIGNATURE:

Date: 26-MARCH-2002

| | | | |
|--------------------|--|------------------------|-----------------|
| Name | Henricus | Witthelmus Maria | VAN BUEL |
| First | Middle Name(s) | Family Name | |
| Residence | Eindhoven | The Netherlands | The Netherlands |
| City | State/Foreign Country | Country of Citizenship | |
| Mailing Address | Verwerstraat 88, NL-5612 EE Eindhoven, The Netherlands | | |
| (include Zip Code) | | | |

☒ FOR ADDITIONAL INVENTORS see attached page.

☐ See additional foreign priorities on attached page (incorporated herein by reference).

Atty. Dkt. No. P290598

(M#)

BEST AVAILABLE COPY

DECLARATION AND POWER OF ATTORNEY

(continued)

ADDITIONAL INVENTORS:

(3) INVENTOR'S SIGNATURE: *Van der Schaar*

Date: April 4, 2002

| | | | |
|--------------------|--|-----------------|------------------------|
| Name | Maurits | VAN DER SCHAAR | |
| First | Middle Name(s) | Family Name | |
| Residence | Veldhoven | The Netherlands | The Netherlands |
| City | State/Foreign Country | | Country of Citizenship |
| Mailing Address | Schepelhei 24, NL-5508 LA Veldhoven, The Netherlands | | |
| (include Zip Code) | | | |

(4) INVENTOR'S SIGNATURE: *Den Boef*

Date: April 3, 2002

| | | | |
|--------------------|---|-----------------|------------------------|
| Name | Arie | Jeffrey | DEN BOEF |
| First | Middle Name(s) | Family Name | |
| Residence | Waalre | The Netherlands | The Netherlands |
| City | State/Foreign Country | | Country of Citizenship |
| Mailing Address | Het Fort 35, NL-5581 AB Waalre, The Netherlands | | |
| (include Zip Code) | | | |

(5) INVENTOR'S SIGNATURE:

Date:

| | | | |
|--------------------|-----------------------|-------------|------------------------|
| Name | | | |
| First | Middle Name(s) | Family Name | |
| Residence | | | |
| City | State/Foreign Country | | Country of Citizenship |
| Mailing Address | | | |
| (include Zip Code) | | | |

(6) INVENTOR'S SIGNATURE:

Date:

| | | | |
|--------------------|-----------------------|-------------|------------------------|
| Name | | | |
| First | Middle Name(s) | Family Name | |
| Residence | | | |
| City | State/Foreign Country | | Country of Citizenship |
| Mailing Address | | | |
| (include Zip Code) | | | |

(7) INVENTOR'S SIGNATURE:

Date:

| | | | |
|--------------------|-----------------------|-------------|------------------------|
| Name | | | |
| First | Middle Name(s) | Family Name | |
| Residence | | | |
| City | State/Foreign Country | | Country of Citizenship |
| Mailing Address | | | |
| (include Zip Code) | | | |

(8) INVENTOR'S SIGNATURE:

Date:

| | | | |
|--------------------|-----------------------|-------------|------------------------|
| Name | | | |
| First | Middle Name(s) | Family Name | |
| Residence | | | |
| City | State/Foreign Country | | Country of Citizenship |
| Mailing Address | | | |
| (include Zip Code) | | | |

(9) INVENTOR'S SIGNATURE:

Date:

| | | | |
|--------------------|-----------------------|-------------|------------------------|
| Name | | | |
| First | Middle Name(s) | Family Name | |
| Residence | | | |
| City | State/Foreign Country | | Country of Citizenship |
| Mailing Address | | | |
| (include Zip Code) | | | |